Amendments to the Claims

This listing of claims will replace all prior versions, and listings, of claims in the application.

2. (Currently Amended) A method for reducing HbAc1 levels in a diabetic individual ~~treating diabetes in an individual~~ in need thereof comprising:

(a) measuring glycosylated hemoglobin (HbAlc) in blood of the individual; and

(b) administering an oral dosage form to the individual with a HbAc1 greater than about 7% for at least one year wherein the dosage form comprises an oil having greater than about 20%~~about 200 mg to about 1.5 g~~ DHA wherein the amount of the DHA administered is at least about 1000 mg per day and wherein the DHA is administered substantially contemporaneously with a second pharmaceutical, wherein the DHA is in the form of a triglyceride oil or an ester and is substantially free of EPA.

3. (Cancelled)

4. (Previously Presented) The method of claim 2 wherein the second pharmaceutical is an antidiabetic.

5. (Previously Presented) The method of claim 4, wherein the antibiotic is insulin, a sufonylurea, an alpha-glucosidase inhibitor, a biguanide, a meglitinide, or a thiazolidinedione, or combinations thereof.

6. (Previously Presented) The method of claim 5 wherein a hypoglycemic agent is administered in a dose less than the dose required to control blood glucose in the absence of DHA administration.

7. (Previously Presented) The method of claim 4, further comprising a combination of two or more antidiabetics.

8.-9. (Cancelled)

10. (Previously Presented) The method of claim 2, wherein the DHA is administered to an individual who exhibits fasting glucose between about 110 to about 127 mg/dL; fasting insulin greater than 6 μU/ml; and a triglyceride/HDL-C ratio of greater than about 3; and glucose control is improved and/or reduced blood HbA1c compared to a patient which has not received DHA.

11. (Previously Presented) The method of claim 2, wherein the individual exhibits at least three symptoms selected from abdominal obesity, high triglycerides, low HDL cholesterol, high blood pressure and fasting glucose greater than 100 mg/dL.

12. (Previously Presented) The method of claim 2, wherein the individual exhibits at least one of the following: fasting glucose between about 110 to about 127 mg/dL, fasting insulin greater than about 6 μU/ml, and triglyceride/HDL-C ratio of greater than about 3.

13. (Previously Presented) The method of any preceding claim wherein glucose control is improved.

14. (Previously Presented) The method of claim 2, wherein glucose control is improved according to an HbA1c.

15. (Previously Presented) The method of claim 2, wherein blood HbA1c is reduced compared to a patient which has not received DHA.

16. (Previously Presented) The method of claim 2, wherein said patient is protected against peripheral artery disease associated with both early type II and pre-type II diabetes.

17. (Currently Amended) A method for treating diabetes comprising administering an oral dosage form, wherein the dosage form comprises an oil having greater than about 20% ~~about 200 mg to about 1.5 g~~ DHA wherein at least about 1000 mg of DHA is administered in the form of a triglyceride oil or an ester that is substantially free of EPA over a twenty-four hour period to an individual with a

HbA1c greater than about 6% wherein a reduced amount of an antidiabetic is administered during the same twenty-four hour period to provide a reduced HbA1c or fasting insulin compared to a patient who has not been administered DHA.

18. (Previously Presented) The method of claim 4, wherein side effects associated with taking an antidiabetic are reduced when compared to a patient who has not been administered DHA.

19. (Withdrawn) A method of treating an individual at risk of developing metabolic syndrome comprising:

a) assessing an individual to determine if two or more risk factors are present wherein the risk factors are selected from abdominal obesity (men>40" waist, women>35" waist), high triglycerides (≥150 mg/dL), low HDL cholesterol (men<40 mg/dL women<50 mg/dL), high blood pressure (≥130/≥85), small LDL particle size and high fasting glucose (>110 mg/dL);

b) providing said individual with a dosage of DHA which is greater than about 750 mg/day.

20. (Previously Presented) The method of claim 2, wherein said administration of the DHA is chronic.

21. (Previously Presented) The method of claim 2, wherein the relative amount of glycosylated hemoglobin is reduced without inducing side effects of excessive fatty acid dosing.

22. (Cancelled)

23. (Currently Amended) The method of claim 2, wherein the oral dosage form ~~DHA is administered in a triglyceride oil which~~ contains no ~~other~~ ω-3 PUFA other than DHA in an amount greater than about 4% of total fatty acid.

24.-25. (Cancelled)

26. (New) The method of claim 2, wherein the oral dosage form contains at least 70% DHA.

27. (New) The method of claim 2, wherein the oral dosage form contains at least 75% DHA.

28. (New) The method of claim 2, wherein the oral dosage form contains at least 80% DHA.

29. (New) The method of claim 2, wherein the oral dosage form contains at least 85% DHA.

30. (New) The method of claim 2, wherein the oral dosage form contains at least 90% DHA.

31. (New) The method of claim 2, wherein the oral dosage form contains at least 95% DHA.

32. (New) The method of claim 2, wherein the oral dosage form contains at least 99% DHA.

33. (New) The method of claim 2, wherein the oral dosage form contains less than 4% EPA.

34. (New) The method of claim 2, wherein the oral dosage form contains less than 3% EPA.

35. (New) The method of claim 2, wherein the oral dosage form contains less than 2% EPA.

36. (New) The method of claim 2, wherein the oral dosage form contains less than 1% EPA.